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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

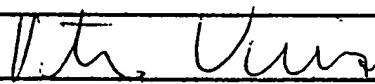
		Application Number	08/875,916
		Filing Date	10/31/1997
		First Named Inventor	Peter Vinz
		Group Art Unit	1745
		Examiner Name	Steve Kalafut
Total Number of Pages in This Submission	92	Attorney Docket Number	N/A self

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmitted Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input checked="" type="checkbox"/> CD, Number of CD(s) <u>1</u>  Remarks	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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Enclosed with reply are:  
 - clean copy of new claim set  
 - clean and marked-up copies of amended specifications  
 - clean and marked-up copies of amended figures 1-7

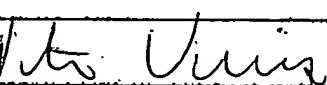
## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or individual name	Dr. Peter Vinz
Signature	
Date	01/31/2002

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

2-1-2002

Typed or printed name	Dr. Peter Vinz
Signature	
Date	01/31/2002

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# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 1191

Complete If Known	
Application Number	08/875,916
Filing Date	October 31, 1997
First Named Inventor	Peter VINZ
Examiner Name	S. Kalafut
Group / Art Unit	1725
Attorney Docket No.	006105.00001

## METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money  Other  None  
Order

Deposit Account:

Deposit  
Account  
Number

19-0733

Deposit  
Account  
Name

Banner & Witcoff, Ltd.

The Commissioner is authorized to: (check all that apply)  
 Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee  
 to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	Fee (\$)
101	201	740	370
106	206	330	165
107	207	510	255
108	208	740	370
114	214	160	80
			Provisional filing fee
<b>SUBTOTAL (1)</b>			<b>(\$ 370)</b>

### 2. EXTRA CLAIM FEES

Total Claims	34	-20 **	=	14	X	9	=	126
Independent Claims	3	-3 **	=	0	X		=	0
Multiple Dependent			X				=	0

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	Fee (\$)
103	203	18
102	202	84
104	204	280
109	209	84
110	210	18
		9
		Claims in excess of 20
		Independent claims in excess of 3
		Multiple dependent claim, if not paid
		** Reissue independent claims over original patent
		** Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2)</b>		<b>(\$ 126)</b>

\*\*or number previously paid, if greater; For Reissues, see above

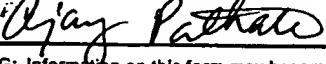
## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	Fee (\$)
105	205	130	65
127	227	50	25
139	139	130	130
147	2,520	2,520	2,520
112	920*	920*	920*
113	1,840*	1,840*	1,840*
115	215	110	55
116	216	400	200
117	217	920	460
118	218	1,440	720
128	228	1,960	980
119	219	320	160
120	220	320	160
121	221	280	140
138	1,510	1,510	1,510
140	240	110	55**
141	241	1,280	640
142	242	1,280	640
143	230	460	460
144	310	620	444
122	122	130	130
123	123	50	50
126	180	126	180
581	581	40	40
146	370	740	370
149	370	740	370
179	370	740	279
169	900	900	900
Other fee (specify) _____			
*Reduced by Basic Filing Fee Paid			
<b>SUBTOTAL (3)</b>			<b>(\$ 695)</b>

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Ajay Pathak	Registration No. Attorney/Agent)	38,266	Telephone	202-508-9187
Signature				Date	September 17, 2002

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$)

0.00

## Complete if Known

Application Number	08/875,916
Filing Date	10/31/1997
First Named Inventor	Peter Vinz
Examiner Name	Steve Kalafut
Group Art Unit	1745
Attorney Docket No.	Self

## METHOD OF PAYMENT

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number   
Deposit Account Name

 Charge Any Additional Fee Permitted

Under 37 CFR 1.16 and 1.17

 Applicant claims small entity status

See 37 CFR 1.27

2.  Payment Enclosed:

Check  Credit card  Money Order  Other

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity Fee Code (5)	Small Entity Fee Code (5)	Fee Code (5)	Fee Code (5)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or cash	<input type="text"/>
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	<input type="text"/>
139	130	139	130	Non-English specification	<input type="text"/>
147	2,520	147	2,520	Filing a request for ex parte reexamination	<input type="text"/>
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	<input type="text"/>
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	<input type="text"/>
115	110	215	55	Extension for reply within first month	<input type="text"/>
118	400	218	200	Extension for reply within second month	<input type="text"/>
117	920	217	460	Extension for reply within third month	<input type="text"/>
118	1,440	218	720	Extension for reply within fourth month	<input type="text"/>
129	1,860	228	980	Extension for reply within fifth month	<input type="text"/>
119	320	219	160	Notice of Appeal	<input type="text"/>
120	320	220	160	Filing a brief in support of an appeal	<input type="text"/>
121	280	221	140	Request for oral hearing	<input type="text"/>
138	1,510	138	1,510	Petition to institute a public use proceeding	<input type="text"/>
140	110	240	55	Petition to revive - unrevivable	<input type="text"/>
141	1,280	241	640	Petition to revive - unintentional	<input type="text"/>
142	1,280	242	640	Utility issue fee (or release)	<input type="text"/>
143	460	243	230	Design issue fee	<input type="text"/>
144	820	244	310	Plant issue fee	<input type="text"/>
122	130	122	130	Petitions to the Commissioner	<input type="text"/>
123	50	123	50	Processing fee under 37 CFR 1.17(q)	<input type="text"/>
126	180	126	180	Submission of Information Disclosure Stmt	<input type="text"/>
581	40	581	40	Recording each patent assignment per property (times number of properties)	<input type="text"/>
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="text"/>
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	<input type="text"/>
179	740	279	370	Request for Continued Examination (RCE)	<input type="text"/>
189	900	189	900	Request for expedited examination of a design application	<input type="text"/>
Other fee (specify) _____					

SUBTOTAL (1) (\$)

## 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
15	-20** = 0	X	<input type="text"/>
2	-3** = 0	X	<input type="text"/>
Multiple Dependent			<input type="text"/>

## Large Entity Small Entity

Fee Code (5)	Fee Code (5)	Fee Description		
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
108	84	208	42	** Release independent claims over original patent
110	18	210	9	** Release claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

\*\* or number previously paid, if greater. For Reissues, see above.

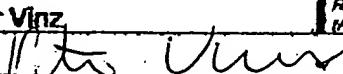
\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

0.00

## SUBMITTED BY

Name (Print/Type) Dr. Peter Vinz

Signature 

Complete if applicable

Registration No.  
(Anticipated)

N/A

Telephone 1-231-627-9897

Date 01/31/2002

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